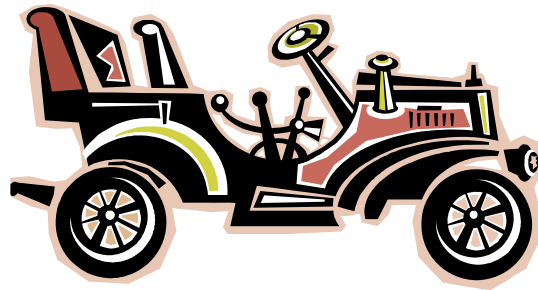




PRIVATELY OWNED VEHICLE CLAIMS PACKET



HOURS OF CLAIMS OFFICE OPERATIONS

WALK-INS

**Monday - Wednesday and Friday:
0900 – 1230 and 1330 - 1600**

**Thursdays
0900 – 1230 and 1330 - 1500**

Appointments Available Upon Request

**Telephone Number: DSN 423-4061/4195
Commercial: 065-44-4061/44-4195**

GENERAL INSTRUCTIONS AND PROCEDURES FOR FILING POV SHIPMENT DAMAGE

These instructions have been designed to help you in filing a POV claim against the US Government. Please follow the instructions carefully, initial the attached checklist, complete the forms as shown in the attached samples and provide all required documents and substantiation.

Your claim against the government must be filed within TWO (2) years from the date you picked up your POV.

A. **Who may present a claim:**

The owner of the property or spouse may present a claim. We will accept any contemporaneous writing signed by the soldier who authorizes the spouse to file the claim on his or her behalf and/or a Power of Attorney. In initiating the claim, a spouse will sign his or her own name, and for the soldier. The Air Force requires a Power of Attorney.

B. **Requirement:**

BRING YOUR POV TO THE CLAIMS OFFICE SO THAT IT CAN BE INSPECTED BY CLAIMS PERSONNEL IMMEDIATELY UPO PICK UP OF YOUR POV.

C. **Estimate:**

A detailed estimate of repair listing the separate repair cost for each item of damage is required. An itemized of repair is necessary even if the damages are so extensive that your POV requires a complete painting.

The attached sample DD Form 1844 for a 2000 Ford Focus illustrates the proper way to itemize damages when making a claim for POV shipping damages. The attached estimate in English and French substantiate your claim for repairs.

The claims regulations provide that loss or damage caused by structural failure of the vehicle or some other mechanical defect are not payable. In the absence of clear evidence indicating another cause (the burden of proof is on you), internal damage to the vehicle is presumed to be the result of a mechanical defect.

D. **Insurance:**

If you have private insurance in effect during the shipment of your POV, you have the **OPTION** to file your claim against your insurance company or not. If you elect to file with your insurer and you have a deductible, you can later file with the Government; however, you should not claim simply for the deductible. You must itemize the damages and submit documentation from the insurance company showing what was paid for the damage to your vehicle. Attach to your claim copies of all correspondence with your insurer if you elect to do so.

If you elect to file with the Army, you **MAY NOT** file with your insurance company at all. You **MAY NOT** split out portions of your claim between the Army and your insurance company.

E. **Claim Amount:**

Be sure to fill in the total dollar amount of your claim on DD Form 1842. If your estimate is in Euros, you should use the exchange rate in effect on the date you file your claim. If you have had repairs completed prior to filing your claim, use the exchange rate in effect on the date that the repair bill was paid.

Any further question should be addressed to the Northern Law Center, Building #318, SHAPE.

APO ADDRESS

Northern Law Center
Claims Division
Unit 21420
APO AE 09705

CIVILIAN ADDRESS

Office of the Judge Advocate
Northern Law Center
Claims Office
Rue Lemnitzer
Building 318, Room 208
7010 SHAPE

Telephone:	DSN: 423-4195
	Civilian: 0032-65-44-4195
Facsimile	DSN: 423-7371
	Civilian: 0032-65-44-7371

Claims Adjudicators

- Attachments:**
- (1) Check List;
 - (2) Samples of completed DD Form 1842 and 1844
 - (3) French/English Estimate Forms
 - (4) Direct Deposit Form
 - (5) Survey Questionnaire
 - (6) New Army Claims Policy On Private Insurance

CHECK LIST FOR POV DAMAGE CLAIMS

FORMS LOCATED IN THE CLAIMS PACKET THAT MUST BE COMPLETED:

- **DD FORM 1842** -----
(MUST BE SIGNED BY MEMBER) – Questions in blocks 11-15 need to be answered.
If you have private insurance covering the shipment of your vehicle, you have the **OPTION** to file your claim with your insurance company or not (see note before).
- **DD FORM 1844** -----
(LIST EACH ITEM OF DAMAGE SEPARATELY)

DIRECT DEPOSIT FORM

THE FOLLOWING SHIPPING DOCUMENTS (IF YOU HAVE THEM):

- **DD FORM 788 (PRIVATE VEHICLE SHIPPING DOCUMENT)**
OR
- **THE VEHICLE INSPECTION SHIPPING FORM**

(THE ORIGINAL AND THE CARBON COPY SHOWING THE CONDITION OF THE POV AT POE)

OTHER DOCUMENTS:

- **ESTIMATE OF REPAIR** -----
(SEE ENCLOSED FRENCH/ENGLISH FORMS)
- **SUBSTANTIATION FOR REPLACEMENT COST** -----
(FOR CLAIMS OVER \$500, IF REPLACEMENT COST IS MORE THAN \$100 PER ITEM)
- **COPY OF REGISTRATION CERTIFICATE** -----
- **1 COPY OF PCS ORDERS** -----

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)		2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER				
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)						
7. HOME TELEPHONE NO. (Include area code)		8. DUTY TELEPHONE NO. (Include area code)		9. AMOUNT CLAIMED				
<p>10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)</p> <p>Pursuant to _____, Department of the Army, _____, dated _____, authorizing shipment of my POV. My POV, _____ (Order #) _____ (Issuing station) _____ (Order date) was delivered by _____ (Year, make and model) _____ (Person who dropped off the vehicle) on _____ (Date) to the Port Authorities at _____ (Port drop off point) for shipment by ocean carrier. I picked up my vehicle from the Port of _____ (Port pick up point) on _____ (Date). At the time I did/did not note the condition of my POV, with damages, on the shipping document, and these items were/were not verified by the carrier representative. The shipping document is attached as substantiation. I elect / do not elect to file with my insurance company.</p>								
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)				<table border="1"> <tr> <th>YES</th> <th>NO</th> </tr> <tr> <td></td> <td></td> </tr> </table>	YES	NO		
YES	NO							
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)								
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)								
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)								
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)								
<p>16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:</p> <p>If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.</p> <p>I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.</p> <p>I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.</p>								
17. SIGNATURE OF CLAIMANT (or designated agent)				18. DATE SIGNED (YYYYMMDD)				

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)		20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:		\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS				
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)				
a. CLAIMS EXAMINER		b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY		g. DATE SIGNED (YYYYMMDD)

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office)

23. DENIAL (<i>X if applicable</i>) The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.		24. SUPPLEMENTAL PAYMENT (<i>X and complete if applicable</i>) The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$	
25. SIGNATURES			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
26. APPROVING/SETTLEMENT AUTHORITY (<i>Settlement Authority is required for denial.</i>)			
a. TYPED NAME	b. GRADE	c. SIGNATURE	d. DATE SIGNED (YYYYMMDD)

1. NAME OF CLAIMANT (Last, First, Middle Initial) SAMPLE			3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)												
2. CLAIMANT'S INSURANCE COMPANY (if applicable)			4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR						
a. NAME			b. POLICY NO.														
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD)	19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER	24. LOT NUMBER	25. AMOUNT ALLOWED	26. ADJUDICATORS REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	2000 Ford Focus, 4dr, 4spd, black		\$15000 11/00	40 Euro												
2	1	2" long scratch to the metal on front left panel			\$52												
3	1	Battery missing			250 Euro												
4	1	Dent on passenger side door			75 Euro												
5	1	Estimate fee															
12. REMARKS Repair estimate done on 12 June 2004			13. TOTAL \$		30. TOTAL AMOUNT ALLOWED \$		31. THIRD PARTY LIABILITY \$										

REPAIR ESTIMATES FOR MOTOR VEHICLES

The Army claims office must determine which damages were caused due to mishandling in shipment, or whether the damage is due to fair wear and tear or to a manufacturers defect. Please complete this form to the best of your ability.

NAME, ADDRESS, AND TELEPHONE-NO. OF YOUR FIRM: _____
 VEHICLE OWNER'S NAME: _____
 DESCRIPTION OF VEHICLE: _____

(Make) (Model) (Year) (Mileage/Kilometer) (License Plate)

DESCRIPTION OF DAMAGES:

REPAIR COST PARTS PAINT JOB
 (Incl. Labor)

Hood: _____	€ _____	_____	_____
Roof: _____	€ _____	_____	_____
Front quarter panel: right _____ left _____	€ _____	_____	_____
Rear quarter panel: right _____ left _____	€ _____	_____	_____
Right door (front) (rear) _____	€ _____	_____	_____
Left door (front) (rear) _____	€ _____	_____	_____
Trunk Lid/Hatch back door _____	€ _____	_____	_____
Front Bumper: _____	€ _____	_____	_____
Rear Bumper: _____	€ _____	_____	_____
Other Parts: _____	€ _____	_____	_____
_____	€ _____	_____	_____
_____	€ _____	_____	_____
_____	€ _____	_____	_____
_____	€ _____	_____	_____
SUB-TOTAL: € _____	VALUE ADDED TAX: € _____	TOTAL: € _____	_____

COMPLETE ONLY IF THERE IS NO VISIBLE EXTERNAL DAMAGE TO A PART:
 I (was) (was not) able to determine the cause of the damage. To the best of my knowledge and belief, the damage was caused by: _____

AN ESTIMATE FEE IN THE AMOUNT OF € _____ (WAS) (WAS NOT) CHARGED AND WAS PAID ON (date) _____ THE
 ESTIMATE FEE (WILL) (WILL NOT) BE APPLIED TOWARD THE BILL UPON COMPLETION OF REPAIRS.
 Please strike through inappropriate responses.

NAME: _____ SIGNATURE: _____ DATE: _____

DEVIS DE REPARATION POUR VEHICULES MOTORISES

Le "Claims Office" de l'Armée Américaine doit déterminer si les dégâts causés à ce véhicule sont dus au maniement sans précaution lors du transport ou si ils sont dus à l'usure normale ou à un défaut de fabrication. Veuillez compléter ce formulaire de votre mieux.

NOM, ADRESSE, ET No DE TELEPHONE DE VOTRE FIRME: _____

NOM DU PROPRIETAIRE DU VEHICULE: _____

DESCRIPTION DU VEHICULE: _____

(Marque) (Modèle) (Année) (Kilométrage) (No d'immatriculation)

DESCRIPTION DES DEGATS:

COUT DE REPARATION PIECES

TRAVAIL DE PEINTURE
(y compris la main-d'oeuvre)

Capot: _____	€ _____	_____	_____
Toit: _____	€ _____	_____	_____
Aile avant: droite _____ gauche _____	€ _____	_____	_____
Aile arrière: droite _____ gauche _____	€ _____	_____	_____
Portière droite (avant) (arrière) _____	€ _____	_____	_____
Portière gauche (avant) (arrière) _____	€ _____	_____	_____
Coffre / Hayon arrière _____	€ _____	_____	_____
Pare-choc avant: _____	€ _____	_____	_____
Pare-choc arrière: _____	€ _____	_____	_____
Autres parties: _____	€ _____	_____	_____
_____	€ _____	_____	_____
_____	€ _____	_____	_____
_____	€ _____	_____	_____
_____	€ _____	_____	_____
SOUS-TOTAL: € _____ TVA: € _____	TOTAL: € _____	_____	_____

A COMPLETER UNIQUEMENT S'IL N'Y A PAS DE DEGATS EXTERIEURS VISIBLES A UNE PARTIE DU VEHICULE:
J'ai pu / je n'ai pas pu déterminer la cause des dégâts. A ma connaissance, les dégâts ont été causés par: _____

LE COUT DU DEVIS D'UN MONTANT DE € _____ (A ETE) (N'A PAS ETE) DEMANDE ET A ETE PAYER LE (date) _____
LE PRIX DU DEVIS (SERA)(NE SERA PAS) DEDUIT DE LA FACTURE QUAND LES REPARATIONS AURONT ETE EFFECTUEES.
Veuillez biffer les réponses inappropriées.

NOM: _____ SIGNATURE: _____ DATE: _____

**REQUEST FOR EFT PAYMENT
TO ACCOUNT OTHER THAN SURE-PAY**

RANK:

NAME:

SSAN:

BANK NAME:

BANK ADDRESS:

ACCOUNT TYPE:

☐

SAVINGS

☐

CHECKING

BANK ROUTING:

ACCOUNT NUMBER:

SIGNATURE

CLAIMS SURVEY

Please answer the question below and provide comments to assist us. If the space provided for your comments is insufficient, please continue your comments on the reverse of this sheet or attached an additional sheet.

1. Location of Claims Office: _____
2. Type of Claim:
_____ Household Goods/Unaccompanied Baggage Shipment
_____ POV Shipment
_____ Theft/Vandalism Loss
_____ Other (Please specify type of loss) _____
3. My overall evaluation of the assistance and services I received at the Claims Office is as follows (circle one):

Excellent Good Fair Poor
4. Do you believe your claims was settled in a fair manner? _____ Yes _____ No
If not, why? _____
5. Were you treated courteously by the staff? _____ Yes _____ No
If not, with whom did you deal and what was the problem? _____

6. When you received your claims packet, did the written instructions and the directions from the claims clerk adequately explain how to prepare the forms?
_____ Yes _____ No
7. If your claim could not be paid in full, were you given a satisfactory explanation concerning the method of computing the amount which the Claims Office offered to pay? _____ Yes _____ No
8. Please provide comments on any other areas of the Claims Office which you feel are worthy of praise or need improvement.

Date _____ Printed name and Signature _____